

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2005	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2045 SILVERADA BLVD. RENO, NV 89512			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14841 This Statement of Deficiencies was generated as the result of the complaint investigations conducted at your facility on 9/26/05.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00009417 was an entity-reported incident about a resident with a skin tear injury. The origins of the injury were unknown to staff. The investigation determined that the allegation was substantiated, however due to the immediate and appropriate actions of the facility nursing staff, there was no regulatory deficiencies cited.</p> <p>Complaint #NV00009395 was an entity-reported incident that an employee caused a resident to sustain a skin tear when the employee was attempting to protect herself from injury as the resident was striking at the employee. The complaint was substantiated with no regulatory deficiencies cited due to the appropriate and timely actions of the facility.</p> <p>Complaint #NV00009398 was an entity-reported incident of a witnessed fall that resulted in minor injury. The complaint was substantiated, however due to the appropriate and timely responses and actions of the facility there were no regulatory deficiencies cited.</p> <p>Complaint #NV00009402 was an entity reported</p>			F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 incident of Resident to Resident abuse that did not result in any injuries to either resident. The complaint was substantiated, however due to the appropriate and timely responses and actions of the facility there were no regulatory deficiencies cited.	F 000			